

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN  
DISTRICT OF PENNSYLVANIA**

**In Re: AMBER E. OVENS,**

**: CHAPTER 13**

**Debtor**

**: BANKRUPTCY NO. 15-15823**

**ORDER SUSTAINING DEBTOR'S OBJECTIONS TO AMENDED PROOF OF CLAIM  
("POC") No. 3-2 FILED BY COLONIAL SAVINGS & LOAN ("Colonial")**

AND NOW, this        day of August, 2016, it is hereby ORDERED as follows:

1. The Objections are SUSTAINED.
2. The Amended Proof of Claim filed by Colonial (No. 3-2 ) is DISALLOWED and Claim No. 3-1 shall stand as the only allowed claim on behalf of Colonial in this case.

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN  
DISTRICT OF PENNSYLVANIA**

**In Re: AMBER E. OVENS,**

**: CHAPTER 13**

**Debtor**

**: BANKRUPTCY NO. 15-15823A**

**DEBTOR'S OBJECTIONS TO AMENDED PROOF OF CLAIM ("POC") NO. 3-2 FILED  
BY COLONIAL SAVINGS & LOAN ("Colonial")**

The Debtor now comes and makes the following Objections ("the Objections") to the Proof of Claim (No. 3-2) ("the POC") filed in this case by Colonial::

1. A copy of the first seven pages of POC No. 3-2 is attached hereto.
2. The POC was filed on June 28, 2016.
3. The bar date for entities to file proofs of claim in this case was February 14, 2016.
4. When Colonial itself failed to file a proof of claim by the Bar Date, the Debtor filed a proof of claim on behalf of Colonial on February 15, 2016, pursuant to Federal Rule of Bankruptcy Procedure 3004, designated as Claim No. 3-1. A copy of this claim is also attached hereto. .
5. Counsel for Colonial filed an Entry of Appearance on February 25, 2016, making clear that it was aware of this case and had access to all filings in this case..
6. On February 27, 2016, the Debtor filed an Amended Plan which specifically provided that Colonial would be paid the amount set forth as arrears due in Claim No. 3-1 in full consideration of Colonial's arrears owed.

7. No objection to confirmation of the Amended Plan was filed by Colonial, and the Amended Plan was therefore confirmed without objection on April 6, 2016.

8. On June 28, 2016, over two months after the Amended Plan was duly confirmed, Colonial filed Claim No. 3-2 as an attempt to amend Claim no. 3-1.

9. The challenged proof of claim is untimely filed, and, if allowed, would frustrate the Debtor's confirmed plan, since it demands more than Colonial was provided in the confirmed plan.

WHEREFORE, the Debtor requests that this court will enter the Proposed Order accompanying the Objections.

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/s/DAVID A. SCHOLL  
512 Hoffman Street  
Philadelphia, PA. 19148  
610-550-1765  
Attorney for Debtor

**Fill in this information to identify the case:**

Debtor 1: Amber E. Owens

Debtor 2: \_\_\_\_\_  
(include if any)

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number: 15-15823

## Official Form 410

## Proof of Claim

12/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 301) that you received.

### Part 1 Identify the Claim

- Who is the current creditor?  
 Colonial Savings & Loan  
Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor: \_\_\_\_\_
- Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_
- Where should notices to the creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(b)  
 Name: 2525 West Freeway  
 Number: Street  
 City: Fort Worth State: TX ZIP Code: 78102  
 Contact phone: 800-937-8002  
 Contact email: www.servicehomeinc.com  
 Uniform claim identifier for electronic payments (if applicable) (if you use one): \_\_\_\_\_
- Where should payments to the creditor be sent? (if different)  
 Name: \_\_\_\_\_  
 Number: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_  
 Contact email: \_\_\_\_\_
- Does this claim amend one already filed?  
☒ No  
☐ Yes. Claim number on court claims registry (if known): \_\_\_\_\_ Filed on: MM / DD / YYYY
- Do you know if anyone else has filed a proof of claim for this claim?  
☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 5 3 8

7. How much is the claim? \$ 180,552.85 Does this amount include interest or other charges? ☐ No ☒ Yes Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). (Do not disclose information that is entitled to privacy, such as health care information.)

Money Loaned

9. Is all or part of the claim secured? ☐ No ☒ Yes. The claim is secured by a lien on property.

**Nature of property:**

☒ Real estate. (If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.)

☐ Motor vehicle

☐ Other Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 192,000.00

Amount of the claim that is secured: \$ 180,552.85

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ 18,000.00

Annual interest rate (when case was filed): 4.00 %

☒ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: \_\_\_\_\_

12 Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Up to \$2,750\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)

☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier 11 U.S.C. § 507(a)(4)

☐ Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(9)

☐ Other: Specify subsection of 11 U.S.C. § 507(a)( ) that applies

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* amounts are subject to adjustment in 4801-18 and every 3 years after that for cases begun on or after the date of adjustment

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9009(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 2071.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☒ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3025.

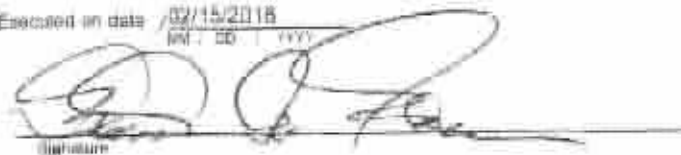
I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 07/15/2016

PM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name: David A. Scholl  
First name: David Middle name: A Last name: Scholl

Title: Attorney for Debtor

Company:   
Identify the corporate service as the company if the authorized agent is a service.

Address: 512 Hoffman St.  
Number: 512 Street: Hoffman

Philadelphia, PA 19148

City: Philadelphia State: PA ZIP Code: 19148

Contact phone: 810-550-1766 Email: judgescholl@gmail.com

## Fill in this information to identify the case:

Debtor 1: Amber E. Owens

Debtor 2:  
(Spouse, if filing)

United States Bankruptcy Court for the EASTERN District of Pennsylvania

Case number: 15-15823-AMC

## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	COLONIAL SAVINGS F.A. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor: _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <b>Colonial Savings, F.A.</b> Name <b>2626 B West Freeway</b> Number Street <b>Fort Worth, TX 76102</b> City State ZIP Code Contact phone: _____ Contact email: _____	Where should payments to the creditor be sent? (if different) <b>Colonial Savings, F.A.</b> Name <b>P.O. Box 2968</b> Number Street <b>Fort Worth, TX 76113</b> City State ZIP Code Contact phone: _____ Contact email: _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>3-1</u>	
		Filed on: <u>02/15/2016</u> MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0538

7. How much is this claim? \$ 205,572.64 Does this amount include interest or other charges?  
☐ No  
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001 (c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Money Loaned

9. Is all or part of the claim secured? ☐ No  
☒ Yes. The claim is secured by a lien on property.

**Nature of property:**

☒ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** Mortgage/Note/Property 410 Bysantore Avenue, Croydon, PA 19021

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property \$ \_\_\_\_\_

Amount of the claim that is secured: \$205,572.64

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ 30,495.62

Annual Interest Rate (when case was filed) 4.000%

☒ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under

☐ Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use: 11 U.S.C. § 507(a)(7): \$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier: 11 U.S.C. § 507(a)(4): \$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units: 11 U.S.C. § 507(a)(8): \$ \_\_\_\_\_

☐ Contributions to an employee benefit plan: 11 U.S.C. § 507(a)(5): \$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies: \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the (date of adjustment)

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/28/2016

MM / DD / YYYY

/s/ Joshua I. Goldman, Esquire

Signature

Print the name of the person who is completing and signing this claim:

Name Joshua I. Goldman Middle name Last name

Title Bankruptcy Attorney

Company KMI Law Group, P.C.

Identify the corporate service(s) as the company if the authorized agent is a service(s)

Address 701 Market Street, Suite 5000

Number Street

Philadelphia

City

PA

19106

State

ZIP Code

Contact phone (215) 325-6306

Email

goldman@kmlawgroup.com

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

Amber E. Owens

Debtor

CHAPTER 13

Debtor(s)

NO. 15-15823 AMC

**CERTIFICATE OF SERVICE**

I, the undersigned, attorney for COLONIAL SAVINGS F.A. do hereby certify that true and correct copies of the foregoing Amended Proof of Claim have been served June 28, 2016 by electronic filing upon those listed below:

Attorney for Debtor  
David A. Scholl, Esq. (VIA ECF)  
Law Office of David A. Scholl  
512 Hoffman Street  
Philadelphia, PA 19148

**Bankruptcy Trustee**

William C. Miller Esq. (VIA ECF)  
Chapter 13 Trustee  
1234 Market Street  
Suite 1813  
Philadelphia, PA 19107

Date: June 28, 2016

**/s/ Joshua I. Goldman, Esquire**

Joshua I. Goldman  
KML Law Group, P.C.  
701 Market Street, Suite 5000  
Philadelphia, PA 19106-1532  
(215) 627-1322 FAX (215) 627-7734  
Attorney for Movant/Applicant

[illegible]

[illegible]

ANNUAL ESCROW ACCOUNT DISCLOSURE STATEMENT  
PROJECTIONS FOR COMING YEAR

August 13, 2015

AMBER E OVENS  
0  
410 SYCAMORE AVE  
CROYDON PA 19021

Reference: Mortgage Account Number: [REDACTED]

Dear Mortgagor:

This is an estimate of activity in your escrow account during the coming year based on payments anticipated to be made from your account.

Escrow Item Description	Next	Estimated Next Amt (Spread Over 12 Mos.)	Estl. Next Annual Disbursement
State Taxes			\$0.00
County Taxes	August-16	\$244.96	\$2,939.50
City Taxes	April-17	\$89.82	\$1,077.80
School Taxes			\$0.00
Hazard Premium	February-17	\$80.19	\$962.28
FHA Insurance		\$166.19	\$1,994.28
Flood/Other Hazard Ins.			\$0.00
PMI			\$0.00
Standard Monthly Escrow Deposit (12)		581.16	
Total Estimated Disbursements		6973.86	
Minimum Reserve Requirement (+ 6)		1162.31	

Month	Deposit	PMI Insurance Disbursement	Disbursement	Escrow Balance
				\$0.00
September-15	\$581.16	\$166.19	\$2,939.50	-\$2,524.54
October-15	\$581.16	\$166.19	\$1,077.80	-\$3,187.87
November-15	\$581.16	\$166.19	\$0.00	-\$2,772.41
December-15	\$581.16	\$166.19	\$0.00	-\$2,357.44
January-16	\$581.16	\$166.19	\$0.00	-\$1,942.48
February-16	\$581.16	\$166.19	\$962.28	-\$2,489.79
March-16	\$581.16	\$166.19	\$0.00	-\$2,074.83
April-16	\$581.16	\$166.19	\$0.00	-\$1,659.86
May-16	\$581.16	\$166.19	\$0.00	-\$1,244.90
June-16	\$581.16	\$166.19	\$0.00	-\$829.93
July-16	\$581.16	\$166.19	\$0.00	-\$414.97
August-16	\$581.16	\$166.19	\$0.00	\$0.00

\*Low Point Month

\*Low Point Month identifies when your Escrow Balance drops to its lowest balance in the projected year.

Projected Low Point/Shortage Balance: \$0.00 \*\*  
Required Minimum Reserve (Cushion): 1162.31 Minimum Reserve divided by 12 months: 96.86  
Total Projected Shortage or Overage: -1162.31

\*\*Negative Low Point Balance, if any, will be submitted to the Trustee.

PLEASE KEEP THIS STATEMENT FOR COMPARISON WITH THE ACTUAL ACTIVITY IN YOUR ACCOUNT AT THE END OF THE NEXT ESCROW ACCOUNTING

Monthly Payment Information: Next Due Date: October 1, 2015  
Principal and Interest: \$893.40  
Escrow Deposit: \$581.16  
Monthly Reserve/Cushion: \$96.86  
TOTAL: \$1,571.41